



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB1254

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5A-2	from Ch. 23, par. 5A-2
305 ILCS 5/5A-4	from Ch. 23, par. 5A-4
305 ILCS 5/5A-5	from Ch. 23, par. 5A-5
305 ILCS 5/5A-12.4	

Amends the Hospital Provider Funding Article of the Illinois Public Aid Code. Provides that an annual assessment on outpatient services shall be imposed on each hospital provider in a specified amount for June 10, 2012 through December 31, 2014 (rather than for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014). Provides that amounts shall be prorated if not in effect for a full year. Provides that for June 10, 2012 through December 31, 2014 (rather than for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014), a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 2009 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on June 30, 2011, without regard to any subsequent adjustments or changes to such data. Provides that for State fiscal years 2009 through 2014 (rather than for State fiscal years 2009 through 2015) in the case of a hospital provider that did not conduct, operate, or maintain a hospital in 2005, the assessment for that State fiscal year shall be computed on the basis of hypothetical occupied bed days for the full calendar year as determined by the Department of Healthcare and Family Services. Makes other changes. Effective immediately.

LRB098 07601 KTG 37672 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by
5 changing Sections 5A-2, 5A-4, 5A-5, and 5A-12.4 as follows:

6 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

7 (Section scheduled to be repealed on January 1, 2015)

8 Sec. 5A-2. Assessment.

9 (a) Subject to Sections 5A-3 and 5A-10, for State fiscal
10 years 2009 through 2014, and from July 1, 2014 through December
11 31, 2014, an annual assessment on inpatient services is imposed
12 on each hospital provider in an amount equal to \$218.38
13 multiplied by the difference of the hospital's occupied bed
14 days less the hospital's Medicare bed days.

15 For State fiscal years 2009 through 2014, and after a
16 hospital's occupied bed days and Medicare bed days shall be
17 determined using the most recent data available from each
18 hospital's 2005 Medicare cost report as contained in the
19 Healthcare Cost Report Information System file, for the quarter
20 ending on December 31, 2006, without regard to any subsequent
21 adjustments or changes to such data. If a hospital's 2005
22 Medicare cost report is not contained in the Healthcare Cost
23 Report Information System, then the Illinois Department may

1 obtain the hospital provider's occupied bed days and Medicare
2 bed days from any source available, including, but not limited
3 to, records maintained by the hospital provider, which may be
4 inspected at all times during business hours of the day by the
5 Illinois Department or its duly authorized agents and
6 employees.

7 (b) (Blank).

8 (b-5) Subject to Sections 5A-3 and 5A-10, for June 10, 2012
9 ~~State fiscal years 2013 through 2014, and July 1, 2014~~ through
10 December 31, 2014, an annual assessment on outpatient services
11 is imposed on each hospital provider in an amount equal to
12 .008766 multiplied by the hospital's outpatient gross revenue.
13 Amounts shall be prorated if not in effect for a full year.

14 For June 10, 2012 ~~State fiscal years 2013 through 2014, and~~
15 ~~July 1, 2014~~ through December 31, 2014, a hospital's outpatient
16 gross revenue shall be determined using the most recent data
17 available from each hospital's 2009 Medicare cost report as
18 contained in the Healthcare Cost Report Information System
19 file, for the quarter ending on June 30, 2011, without regard
20 to any subsequent adjustments or changes to such data. If a
21 hospital's 2009 Medicare cost report is not contained in the
22 Healthcare Cost Report Information System, then the Department
23 may obtain the hospital provider's outpatient gross revenue
24 from any source available, including, but not limited to,
25 records maintained by the hospital provider, which may be
26 inspected at all times during business hours of the day by the

1 Department or its duly authorized agents and employees.

2 (c) (Blank).

3 (d) Notwithstanding any of the other provisions of this
4 Section, the Department is authorized to adopt rules to reduce
5 the rate of any annual assessment imposed under this Section,
6 as authorized by Section 5-46.2 of the Illinois Administrative
7 Procedure Act.

8 (e) Notwithstanding any other provision of this Section,
9 any plan providing for an assessment on a hospital provider as
10 a permissible tax under Title XIX of the federal Social
11 Security Act and Medicaid-eligible payments to hospital
12 providers from the revenues derived from that assessment shall
13 be reviewed by the Illinois Department of Healthcare and Family
14 Services, as the Single State Medicaid Agency required by
15 federal law, to determine whether those assessments and
16 hospital provider payments meet federal Medicaid standards. If
17 the Department determines that the elements of the plan may
18 meet federal Medicaid standards and a related State Medicaid
19 Plan Amendment is prepared in a manner and form suitable for
20 submission, that State Plan Amendment shall be submitted in a
21 timely manner for review by the Centers for Medicare and
22 Medicaid Services of the United States Department of Health and
23 Human Services and subject to approval by the Centers for
24 Medicare and Medicaid Services of the United States Department
25 of Health and Human Services. No such plan shall become
26 effective without approval by the Illinois General Assembly by

1 the enactment into law of related legislation. Notwithstanding
2 any other provision of this Section, the Department is
3 authorized to adopt rules to reduce the rate of any annual
4 assessment imposed under this Section. Any such rules may be
5 adopted by the Department under Section 5-50 of the Illinois
6 Administrative Procedure Act.

7 (Source: P.A. 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
8 97-689, eff. 6-14-12.)

9 (305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

10 Sec. 5A-4. Payment of assessment; penalty.

11 (a) The assessment imposed by Section 5A-2 for State fiscal
12 year 2009 and each subsequent State fiscal year shall be due
13 and payable in monthly installments, each equaling one-twelfth
14 of the assessment for the year, on the fourteenth State
15 business day of each month. No installment payment of an
16 assessment imposed by Section 5A-2 shall be due and payable,
17 however, until after the Comptroller has issued the payments
18 required under this Article.

19 Except as provided in subsection (a-5) of this Section, the
20 assessment imposed by subsection (b-5) of Section 5A-2 for
21 State fiscal year 2012 ~~2013~~ and each subsequent State fiscal
22 year shall be due and payable in monthly installments, each
23 equaling one-twelfth of the assessment for the year, on the
24 14th State business day of each month. No installment payment
25 of an assessment imposed by subsection (b-5) of Section 5A-2

1 shall be due and payable, however, until after: (i) the
2 Department notifies the hospital provider, in writing, that the
3 payment methodologies to hospitals required under Section
4 5A-12.4, have been approved by the Centers for Medicare and
5 Medicaid Services of the U.S. Department of Health and Human
6 Services, and the waiver under 42 CFR 433.68 for the assessment
7 imposed by subsection (b-5) of Section 5A-2, if necessary, has
8 been granted by the Centers for Medicare and Medicaid Services
9 of the U.S. Department of Health and Human Services; and (ii)
10 the Comptroller has issued the payments required under Section
11 5A-12.4. Upon notification to the Department of approval of the
12 payment methodologies required under Section 5A-12.4 and the
13 waiver granted under 42 CFR 433.68, if necessary, all
14 installments otherwise due under subsection (b-5) of Section
15 5A-2 prior to the date of notification shall be due and payable
16 to the Department upon written direction from the Department
17 and issuance by the Comptroller of the payments required under
18 Section 5A-12.4.

19 (a-5) The Illinois Department may accelerate the schedule
20 upon which assessment installments are due and payable by
21 hospitals with a payment ratio greater than or equal to one.
22 Such acceleration of due dates for payment of the assessment
23 may be made only in conjunction with a corresponding
24 acceleration in access payments identified in Section 5A-12.2
25 or Section 5A-12.4 to the same hospitals. For the purposes of
26 this subsection (a-5), a hospital's payment ratio is defined as

1 the quotient obtained by dividing the total payments for the
2 State fiscal year, as authorized under Section 5A-12.2 or
3 Section 5A-12.4, by the total assessment for the State fiscal
4 year imposed under Section 5A-2 or subsection (b-5) of Section
5 5A-2.

6 (b) The Illinois Department is authorized to establish
7 delayed payment schedules for hospital providers that are
8 unable to make installment payments when due under this Section
9 due to financial difficulties, as determined by the Illinois
10 Department.

11 (c) If a hospital provider fails to pay the full amount of
12 an installment when due (including any extensions granted under
13 subsection (b)), there shall, unless waived by the Illinois
14 Department for reasonable cause, be added to the assessment
15 imposed by Section 5A-2 a penalty assessment equal to the
16 lesser of (i) 5% of the amount of the installment not paid on
17 or before the due date plus 5% of the portion thereof remaining
18 unpaid on the last day of each 30-day period thereafter or (ii)
19 100% of the installment amount not paid on or before the due
20 date. For purposes of this subsection, payments will be
21 credited first to unpaid installment amounts (rather than to
22 penalty or interest), beginning with the most delinquent
23 installments.

24 (d) Any assessment amount that is due and payable to the
25 Illinois Department more frequently than once per calendar
26 quarter shall be remitted to the Illinois Department by the

1 hospital provider by means of electronic funds transfer. The
2 Illinois Department may provide for remittance by other means
3 if (i) the amount due is less than \$10,000 or (ii) electronic
4 funds transfer is unavailable for this purpose.

5 (Source: P.A. 96-821, eff. 11-20-09; 97-688, eff. 6-14-12;
6 97-689, eff. 6-14-12.)

7 (305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

8 Sec. 5A-5. Notice; penalty; maintenance of records.

9 (a) The Illinois Department shall send a notice of
10 assessment to every hospital provider subject to assessment
11 under this Article. The notice of assessment shall notify the
12 hospital of its assessment and shall be sent after receipt by
13 the Department of notification from the Centers for Medicare
14 and Medicaid Services of the U.S. Department of Health and
15 Human Services that the payment methodologies required under
16 this Article and, if necessary, the waiver granted under 42 CFR
17 433.68 have been approved. The notice shall be on a form
18 prepared by the Illinois Department and shall state the
19 following:

20 (1) The name of the hospital provider.

21 (2) The address of the hospital provider's principal
22 place of business from which the provider engages in the
23 occupation of hospital provider in this State, and the name
24 and address of each hospital operated, conducted, or
25 maintained by the provider in this State.

1 (3) The occupied bed days, occupied bed days less
2 Medicare days, adjusted gross hospital revenue, or
3 outpatient gross revenue of the hospital provider
4 (whichever is applicable), the amount of assessment
5 imposed under Section 5A-2 for the State fiscal year for
6 which the notice is sent, and the amount of each
7 installment to be paid during the State fiscal year.

8 (4) (Blank).

9 (5) Other reasonable information as determined by the
10 Illinois Department.

11 (b) If a hospital provider conducts, operates, or maintains
12 more than one hospital licensed by the Illinois Department of
13 Public Health, the provider shall pay the assessment for each
14 hospital separately.

15 (c) Notwithstanding any other provision in this Article, in
16 the case of a person who ceases to conduct, operate, or
17 maintain a hospital in respect of which the person is subject
18 to assessment under this Article as a hospital provider, the
19 assessment for the State fiscal year in which the cessation
20 occurs shall be adjusted by multiplying the assessment computed
21 under Section 5A-2 by a fraction, the numerator of which is the
22 number of days in the year during which the provider conducts,
23 operates, or maintains the hospital and the denominator of
24 which is 365. Immediately upon ceasing to conduct, operate, or
25 maintain a hospital, the person shall pay the assessment for
26 the year as so adjusted (to the extent not previously paid).

1 (d) Notwithstanding any other provision in this Article, a
2 provider who commences conducting, operating, or maintaining a
3 hospital, upon notice by the Illinois Department, shall pay the
4 assessment computed under Section 5A-2 and subsection (e) in
5 installments on the due dates stated in the notice and on the
6 regular installment due dates for the State fiscal year
7 occurring after the due dates of the initial notice.

8 (e) Notwithstanding any other provision in this Article,
9 for State fiscal years 2009 through 2014 ~~2015~~, in the case of a
10 hospital provider that did not conduct, operate, or maintain a
11 hospital in 2005, the assessment for that State fiscal year
12 shall be computed on the basis of hypothetical occupied bed
13 days for the full calendar year as determined by the Illinois
14 Department. Notwithstanding any other provision in this
15 Article, for June 10, 2012 ~~State fiscal years 2013 through~~
16 ~~2014, and for July 1, 2014~~ through December 31, 2014, in the
17 case of a hospital provider that did not conduct, operate, or
18 maintain a hospital in 2009, the assessment under subsection
19 (b-5) of Section 5A-2 for that State fiscal year shall be
20 computed on the basis of hypothetical gross outpatient revenue
21 for the full calendar year as determined by the Illinois
22 Department.

23 (f) Every hospital provider subject to assessment under
24 this Article shall keep sufficient records to permit the
25 determination of adjusted gross hospital revenue for the
26 hospital's fiscal year. All such records shall be kept in the

1 English language and shall, at all times during regular
2 business hours of the day, be subject to inspection by the
3 Illinois Department or its duly authorized agents and
4 employees.

5 (g) The Illinois Department may, by rule, provide a
6 hospital provider a reasonable opportunity to request a
7 clarification or correction of any clerical or computational
8 errors contained in the calculation of its assessment, but such
9 corrections shall not extend to updating the cost report
10 information used to calculate the assessment.

11 (h) (Blank).

12 (Source: P.A. 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
13 97-689, eff. 6-14-12; revised 10-17-12.)

14 (305 ILCS 5/5A-12.4)

15 (Section scheduled to be repealed on January 1, 2015)

16 Sec. 5A-12.4. Hospital access improvement payments on or
17 after June 10, 2012 ~~July 1, 2012~~.

18 (a) Hospital access improvement payments. To preserve and
19 improve access to hospital services, for hospital and physician
20 services rendered on or after June 10, 2012 ~~July 1, 2012~~, the
21 Illinois Department shall, except for hospitals described in
22 subsection (b) of Section 5A-3, make payments to hospitals as
23 set forth in this Section. These payments shall be paid in 12
24 equal installments on or before the 7th State business day of
25 each month, except that no payment shall be due within 100 days

1 after the later of the date of notification of federal approval
2 of the payment methodologies required under this Section or any
3 waiver required under 42 CFR 433.68, at which time the sum of
4 amounts required under this Section prior to the date of
5 notification is due and payable. Payments under this Section
6 are not due and payable, however, until (i) the methodologies
7 described in this Section are approved by the federal
8 government in an appropriate State Plan amendment and (ii) the
9 assessment imposed under subsection (b-5) of Section 5A-2 of
10 this Article is determined to be a permissible tax under Title
11 XIX of the Social Security Act. The Illinois Department shall
12 take all actions necessary to implement the payments under this
13 Section effective June 10, 2012 ~~July 1, 2012~~, including but not
14 limited to providing public notice pursuant to federal
15 requirements, the filing of a State Plan amendment, and the
16 adoption of administrative rules.

17 (a-5) Accelerated schedule. The Illinois Department may,
18 when practicable, accelerate the schedule upon which payments
19 authorized under this Section are made.

20 (b) Magnet and perinatal hospital adjustment. In addition
21 to rates paid for inpatient hospital services, the Department
22 shall pay to each Illinois general acute care hospital that, as
23 of August 25, 2011, was recognized as a Magnet hospital by the
24 American Nurses Credentialing Center and that, as of September
25 14, 2011, was designated as a level III perinatal center
26 amounts as follows:

1 (1) For hospitals with a case mix index equal to or
2 greater than the 80th percentile of case mix indices for
3 all Illinois hospitals, \$470 for each Medicaid general
4 acute care inpatient day of care provided by the hospital
5 during State fiscal year 2009.

6 (2) For all other hospitals, \$170 for each Medicaid
7 general acute care inpatient day of care provided by the
8 hospital during State fiscal year 2009.

9 (c) Trauma level II adjustment. In addition to rates paid
10 for inpatient hospital services, the Department shall pay to
11 each Illinois general acute care hospital that, as of July 1,
12 2011, was designated as a level II trauma center amounts as
13 follows:

14 (1) For hospitals with a case mix index equal to or
15 greater than the 50th percentile of case mix indices for
16 all Illinois hospitals, \$470 for each Medicaid general
17 acute care inpatient day of care provided by the hospital
18 during State fiscal year 2009.

19 (2) For all other hospitals, \$170 for each Medicaid
20 general acute care inpatient day of care provided by the
21 hospital during State fiscal year 2009.

22 (3) For the purposes of this adjustment, hospitals
23 located in the same city that alternate their trauma center
24 designation as defined in 89 Ill. Adm. Code 148.295(a)(2)
25 shall have the adjustment provided under this Section
26 divided between the 2 hospitals.

1 (d) Dual-eligible adjustment. In addition to rates paid for
2 inpatient services, the Department shall pay each Illinois
3 general acute care hospital that had a ratio of crossover days
4 to total inpatient days for programs under Title XIX of the
5 Social Security Act administered by the Department (utilizing
6 information from 2009 paid claims) greater than 50%, and a case
7 mix index equal to or greater than the 75th percentile of case
8 mix indices for all Illinois hospitals, a rate of \$400 for each
9 Medicaid inpatient day during State fiscal year 2009 including
10 crossover days.

11 (e) Medicaid volume adjustment. In addition to rates paid
12 for inpatient hospital services, the Department shall pay to
13 each Illinois general acute care hospital that provided more
14 than 10,000 Medicaid inpatient days of care in State fiscal
15 year 2009, has a Medicaid inpatient utilization rate of at
16 least 29.05% as calculated by the Department for the Rate Year
17 2011 Disproportionate Share determination, and is not eligible
18 for Medicaid Percentage Adjustment payments in rate year 2011
19 an amount equal to \$135 for each Medicaid inpatient day of care
20 provided during State fiscal year 2009.

21 (f) Outpatient service adjustment. In addition to the rates
22 paid for outpatient hospital services, the Department shall pay
23 each Illinois hospital an amount at least equal to \$100
24 multiplied by the hospital's outpatient ambulatory procedure
25 listing services (excluding categories 3B and 3C) and by the
26 hospital's end stage renal disease treatment services provided

1 for State fiscal year 2009.

2 (g) Ambulatory service adjustment.

3 (1) In addition to the rates paid for outpatient
4 hospital services provided in the emergency department,
5 the Department shall pay each Illinois hospital an amount
6 equal to \$105 multiplied by the hospital's outpatient
7 ambulatory procedure listing services for categories 3A,
8 3B, and 3C for State fiscal year 2009.

9 (2) In addition to the rates paid for outpatient
10 hospital services, the Department shall pay each Illinois
11 freestanding psychiatric hospital an amount equal to \$200
12 multiplied by the hospital's ambulatory procedure listing
13 services for category 5A for State fiscal year 2009.

14 (h) Specialty hospital adjustment. In addition to the rates
15 paid for outpatient hospital services, the Department shall pay
16 each Illinois long term acute care hospital and each Illinois
17 hospital devoted exclusively to the treatment of cancer, an
18 amount equal to \$700 multiplied by the hospital's outpatient
19 ambulatory procedure listing services and by the hospital's end
20 stage renal disease treatment services (including services
21 provided to individuals eligible for both Medicaid and
22 Medicare) provided for State fiscal year 2009.

23 (h-1) ER Safety Net Payments. In addition to rates paid for
24 outpatient services, the Department shall pay to each Illinois
25 general acute care hospital with an emergency room ratio equal
26 to or greater than 55%, that is not eligible for Medicaid

1 percentage adjustments payments in rate year 2011, with a case
2 mix index equal to or greater than the 20th percentile, and
3 that is not designated as a trauma center by the Illinois
4 Department of Public Health on July 1, 2011, as follows:

5 (1) Each hospital with an emergency room ratio equal to
6 or greater than 74% shall receive a rate of \$225 for each
7 outpatient ambulatory procedure listing and end-stage
8 renal disease treatment service provided for State fiscal
9 year 2009.

10 (2) For all other hospitals, \$65 shall be paid for each
11 outpatient ambulatory procedure listing and end-stage
12 renal disease treatment service provided for State fiscal
13 year 2009.

14 (i) Physician supplemental adjustment. In addition to the
15 rates paid for physician services, the Department shall make an
16 adjustment payment for services provided by physicians as
17 follows:

18 (1) Physician services eligible for the adjustment
19 payment are those provided by physicians employed by or who
20 have a contract to provide services to patients of the
21 following hospitals: (i) Illinois general acute care
22 hospitals that provided at least 17,000 Medicaid inpatient
23 days of care in State fiscal year 2009 and are eligible for
24 Medicaid Percentage Adjustment Payments in rate year 2011;
25 and (ii) Illinois freestanding children's hospitals, as
26 defined in 89 Ill. Adm. Code 149.50(c)(3)(A).

1 (2) The amount of the adjustment for each eligible
2 hospital under this subsection (i) shall be determined by
3 rule by the Department to spend a total pool of at least
4 \$6,960,000 annually. This pool shall be allocated among the
5 eligible hospitals based on the difference between the
6 upper payment limit for what could have been paid under
7 Medicaid for physician services provided during State
8 fiscal year 2009 by physicians employed by or who had a
9 contract with the hospital and the amount that was paid
10 under Medicaid for such services, provided however, that in
11 no event shall physicians at any individual hospital
12 collectively receive an annual, aggregate adjustment in
13 excess of \$435,000, except that any amount that is not
14 distributed to a hospital because of the upper payment
15 limit shall be reallocated among the remaining eligible
16 hospitals that are below the upper payment limitation, on a
17 proportionate basis.

18 (i-5) For any children's hospital which did not charge for
19 its services during the base period, the Department shall use
20 data supplied by the hospital to determine payments using
21 similar methodologies for freestanding children's hospitals
22 under this Section or Section 5A-12.2 ~~12.2~~.

23 (j) For purposes of this Section, a hospital that is
24 enrolled to provide Medicaid services during State fiscal year
25 2009 shall have its utilization and associated reimbursements
26 annualized prior to the payment calculations being performed

1 under this Section.

2 (k) For purposes of this Section, the terms "Medicaid
3 days", "ambulatory procedure listing services", and
4 "ambulatory procedure listing payments" do not include any
5 days, charges, or services for which Medicare or a managed care
6 organization reimbursed on a capitated basis was liable for
7 payment, except where explicitly stated otherwise in this
8 Section.

9 (l) Definitions. Unless the context requires otherwise or
10 unless provided otherwise in this Section, the terms used in
11 this Section for qualifying criteria and payment calculations
12 shall have the same meanings as those terms have been given in
13 the Illinois Department's administrative rules as in effect on
14 October 1, 2011. Other terms shall be defined by the Illinois
15 Department by rule.

16 As used in this Section, unless the context requires
17 otherwise:

18 "Case mix index" means, for a given hospital, the sum of
19 the per admission (DRG) relative weighting factors in effect on
20 January 1, 2005, for all general acute care admissions for
21 State fiscal year 2009, excluding Medicare crossover
22 admissions and transplant admissions reimbursed under 89 Ill.
23 Adm. Code 148.82, divided by the total number of general acute
24 care admissions for State fiscal year 2009, excluding Medicare
25 crossover admissions and transplant admissions reimbursed
26 under 89 Ill. Adm. Code 148.82.

1 "Emergency room ratio" means, for a given hospital, a
2 fraction, the denominator of which is the number of the
3 hospital's outpatient ambulatory procedure listing and
4 end-stage renal disease treatment services provided for State
5 fiscal year 2009 and the numerator of which is the hospital's
6 outpatient ambulatory procedure listing services for
7 categories 3A, 3B, and 3C for State fiscal year 2009.

8 "Medicaid inpatient day" means, for a given hospital, the
9 sum of days of inpatient hospital days provided to recipients
10 of medical assistance under Title XIX of the federal Social
11 Security Act, excluding days for individuals eligible for
12 Medicare under Title XVIII of that Act (Medicaid/Medicare
13 crossover days), as tabulated from the Department's paid claims
14 data for admissions occurring during State fiscal year 2009
15 that was adjudicated by the Department through June 30, 2010.

16 "Outpatient ambulatory procedure listing services" means,
17 for a given hospital, ambulatory procedure listing services, as
18 described in 89 Ill. Adm. Code 148.140(b), provided to
19 recipients of medical assistance under Title XIX of the federal
20 Social Security Act, excluding services for individuals
21 eligible for Medicare under Title XVIII of the Act
22 (Medicaid/Medicare crossover days), as tabulated from the
23 Department's paid claims data for services occurring in State
24 fiscal year 2009 that were adjudicated by the Department
25 through September 2, 2010.

26 "Outpatient end-stage renal disease treatment services"

1 means, for a given hospital, the services, as described in 89
2 Ill. Adm. Code 148.140(c), provided to recipients of medical
3 assistance under Title XIX of the federal Social Security Act,
4 excluding payments for individuals eligible for Medicare under
5 Title XVIII of the Act (Medicaid/Medicare crossover days), as
6 tabulated from the Department's paid claims data for services
7 occurring in State fiscal year 2009 that were adjudicated by
8 the Department through September 2, 2010.

9 (m) The Department may adjust payments made under this
10 Section 5A-12.4 to comply with federal law or regulations
11 regarding hospital-specific payment limitations on
12 government-owned or government-operated hospitals.

13 (n) Notwithstanding any of the other provisions of this
14 Section, the Department is authorized to adopt rules that
15 change the hospital access improvement payments specified in
16 this Section, but only to the extent necessary to conform to
17 any federally approved amendment to the Title XIX State plan.
18 Any such rules shall be adopted by the Department as authorized
19 by Section 5-50 of the Illinois Administrative Procedure Act.
20 Notwithstanding any other provision of law, any changes
21 implemented as a result of this subsection (n) shall be given
22 retroactive effect so that they shall be deemed to have taken
23 effect as of the effective date of this Section.

24 (o) The Department of Healthcare and Family Services must
25 submit a State Medicaid Plan Amendment to the Centers of
26 Medicare and Medicaid Services to implement the payments under

1 this Section within 30 days of June 14, 2012 (the effective
2 date of Public Act 97-688) ~~this Act~~.

3 (Source: P.A. 97-688, eff. 6-14-12; revised 8-3-12.)

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.